

**DOUGLAS A. DUCEY**  
- GOVERNOR -



**VICTORIA WHITMORE**  
- EXECUTIVE DIRECTOR -

## **ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD**

1740 W. ADAMS STREET, STE. 4600, PHOENIX, ARIZONA 85007  
PHONE (602) 364-1-PET (1738) • FAX (602) 364-1039  
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### **INVESTIGATIVE COMMITTEE REPORT**

**TO:** Arizona State Veterinary Medical Examining Board

**FROM:** AM Investigative Committee: Robert Kritsberg, DVM - Chair  
Christina Tran, DVM  
Carolyn Ratajack  
Jarrod Butler, DVM  
Steven Seiler

**STAFF PRESENT:** Tracy A. Riendeau, CVT - Investigations  
Marc Harris, Assistant Attorney General

**RE:** Case: 21-38  
Complainant(s): Barbara Tipton  
Respondent(s): Randy Aronson, DVM (License: 1407)

#### **SUMMARY:**

Complaint Received at Board Office: 10/2/20  
Committee Discussion: 4/6/21  
Board IIR: 5/19/21

#### **APPLICABLE STATUTES AND RULES:**

Laws as Amended August 2018  
(Lime Green); Rules as Revised September  
2013 (Yellow).

On August 12, 2020, "C [REDACTED]" a 14 ½ year-old female Standard Poodle was presented to Respondent to have cancerous oral masses debulked. A dental and a third mass removal located at the right jugular furrow was to be performed at that time as well.

During the procedure, the dog became hypotensive and hypoxic therefore Respondent was not comfortable continuing with the additional mass removal and dental radiographs and recovered the dog. The dog recovered uneventfully and the dog was discharged later that day.

Histopathology revealed the oral masses were malignant melanomas.

On September 15, 2020, the dog was presented to Arizona Animal Hospital to have the oral masses debulked again. The masses had spread to both sides of the mandible and lymphatics. Complainant was advised that debulking the masses was not curative but an attempt to improve the dog's quality of life.

On October 15, 2020, Arizona Animal Hospital debulked more of the masses which were now causing a partial obstruction of the oropharynx.

**Complainant was noticed and appeared telephonically.**  
**Respondent was noticed and appeared telephonically. Attorney David Stoll appeared.**

**The Committee reviewed medical records, testimony, and other documentation as described below:**

- Complainant(s) narrative: *Barbara Tipton*
- Respondent(s) narrative/medical record: *Randy Aronson, DVM*
- Consulting veterinarian(s) narrative/medical record: *Midwestern University; Arizona Dental Specialists; VETMED; and Arizona Animal Hospital.*

**PROPOSED 'FINDINGS of FACT':**

1. On July 6, 2020, the dog was presented to Dr. McArdell at Midwestern University, Animal Health Institute, Companion Animal Clinic due to Complainant noting a swelling and bloody discharge on the right side of the dog's face two days prior. Upon inspection, Complainant discovered an oral mass. Dr. McArdell noted the dog had severe dental disease and an oral mass that was likely a melanoma. It was recommended to start the dog on antibiotics and pain medication to keep the dog comfortable. Additionally, Complainant was given the contact information for a veterinary dentist if advance surgical treatment options wanted to be pursued. The dog was discharged with gabapentin and clindamycin. Complainant was also offered humane euthanasia if the dog was not doing well.

2. On July 13, 2020, the dog was presented to Dr. Wingo at Arizona Veterinary Dental Specialists for evaluation of an oral mass. Dr. Wingo examined the dog and noted a 3cm pigmented mass at the right caudal mandibular area. Additionally, it appeared the dog had generalized and/or multifocal end stage periodontal disease. Dr. Wingo recommended the dog have a computed tomography, dental cleaning and an incisional biopsy. The primary differential diagnosis was melanosarcoma. Complainant declined the recommendations and the dog was discharged.

3. On July 14, 2020, Complainant contacted Respondent's premises asking about the use of low dose Naltrexone (LDN) for cancer. Respondent advised that he would need to see the dog and the extent of the cancer before prescribing LDN.

4. On July 22, 2020, the dog was presented to Dr. Mutascio at VETMED for a second opinion of the oral mass. After examining the dog, Dr. Mutascio advised Complainant that she agreed with the dental specialist's assessment of the oral mass and the likely diagnosis of malignant melanoma. Dr. Mutascio recommended imaging to determine the extent of the mass, plan for surgery, and to screen for metastasis – CT scan. At the time of the CT, Dr. Mutascio could obtain a surgical biopsy. Surgical treatment would involve removal of most or all of the right hemimandible. Complainant asked if there was anything she could pursue other than surgery. Dr. Mutascio explained Complainant could consult with a veterinary oncologist to discuss chemotherapy or radiation therapy. Complainant opted to consider her options and the dog was discharged with gabapentin.

5. On July 31, 2020, the dog was presented to Respondent for evaluation of the oral mass. Complainant relayed that she never had a biopsy on the mass because she did not want to cut it; she was told the mass was a melanoma and researched LDN. Upon exam, the dog had a weight = 25 pounds, a temperature = 101.2 degrees, a pulse rate = 130bpm and a respiration rate = 20rpm. Respondent noted the dog had severe periodontal disease, tartar, plaque,

calculus and odor. There was a large, dark mass on the ramus of the right mandible, bleeding and infected. Respondent's assessment was oral mass, rule out melanoma; severe dental disease.

6. Respondent discussed the exam findings with Complainant in detail – they also discussed quality of life for the dog. They focused on debulking the mass and dental prophylaxis, as well as cancer therapies with supplements and food. Respondent stated that he advised Complainant that debulking the mass would not be curative; with the current size of the mass and potential for it being a melanoma, recurrence was likely and metastasis expected. Complainant elected to perform thoracic radiographs to check for metastasis and take Yunan Baiyao to help decrease bleeding of the mass. Respondent provided Complainant a written prescription for LDN therapy and a treatment plan for mass removal/debulking as well as a dental procedure to ameliorate the severe dental disease.

7. Thoracic radiographs revealed no signs of metastasis; Respondent approved gabapentin to be refilled and dispensed Clindamycin.

8. On August 12, 2020, the dog was presented to Respondent for pre-surgical blood work, ECG, and blood pressure, prior to debulking the oral mass. Upon exam, the dog had a weight = 29.4 pounds, a temperature = 99.6 degrees, a pulse rate = 130bpm and a respiration rate = pant.

9. Blood work abnormalities were:

ALKP	459	23 – 212
ALT	409	10 – 125
AMYL	1513	500 – 1500
BUN/UREA	33	7 – 27
TP	8.3	5.2 – 8.2
GLOB	4.8	2.5 – 4.5
BASO	0.15	0.00 – 0.10
MCV	60.3	61.6 – 73.5
PLT	555	148 – 484

10. The cardiology report revealed no pathologic arrhythmias noted on the ECG tracing.

11. An IV catheter was placed and the dog was started on Lactated Ringer's at 57mL/hr. The dog was pre-medicated with cerenia, hydromorphone and midazolam IV, induced with alfaxan and glycopyrrolate and maintained on isoflurane and oxygen. Respondent injected lidocaine around the entire mass as a ring block – electrocautery was used to incise the mass off of the mandible and toward the ramus and used to cauterize the local bleeders. There was a large swelling below the mass under the mucous membrane tissue which Respondent suspected it was a lymph node. He incised into the mucous membranes and removed the mass. The tissue was closed with 3-0 Vicryl and the area was treated with neoplasene salve for 15 minutes. The area was flushed and the dental procedure was performed. The deficit was packed with yunan baiyao. Respondent stated that multiple teeth were extracted in the area of the mass (unclear which teeth were extracted).

12. There was a mass located in the right jugular furrow area that was scheduled to be removed

however, the dog started to show hypotension, which was non-responsive to reducing inhalant agents, an increase in IV fluid therapy, and boluses of fluids. Additionally, hypoxia was present, which was non-responsive to positive pressure ventilation and increased oxygen flow. Respondent decided at that point that removing the third mass, and performing full mouth radiographs would be a poor choice given the dog's anesthetic status; the dog was recovered which was uneventful. Respondent contacted Complainant to relay that he was unable to complete the dentistry and remove the mass on the cervical area due to the dog's anesthetic event. The dog was administered cefazolin and Depo Medrol during the procedure. The masses were submitted for histopathology.

13. The dog was discharged later that day. Respondent gave Complainant his cell number if she needed to contact him since she was staying in Tucson that evening.

14. The following day, Complainant was called to get an update on the dog's status. The dog was reportedly doing well and Complainant wanted to start supplements and herbs used for neoplasia. Turkey Tail, MRM, Blood Root and Poly MVA were dispensed.

15. On August 15, 2020, Respondent reported the histopath results to Complainant. Both masses came back as malignant melanoma and no lymphoid tissue present.

16. On August 28, 2020, the dog was presented to Respondent for a recheck. Upon exam, the dog had a weight = 24.7 pounds, a temperature = 99.3 degrees, a pulse rate = 120bpm and a respiration rate = 30rpm. Complainant reported that the dog would not eat and would vomit when taking the Blood Root, therefore she was no longer giving more than a pinch. She noted a swelling on the dog's right lower jaw and was concerned it could be a new mass. Respondent advised giving the supplements at the amount the dog would tolerate. As for the new mass, He did not want to put the dog through another anesthetic procedure due to the risks to her health.

17. Respondent stated in his narrative that there were no new growths and the sites inside the jaw were healing well. The mass on the outside of the right mandible/cervical area had enlarged. He explained that third mass was unable to be removed due to anesthetic concerns during the debulking procedure.

18. On September 9, 2020, the dog was presented to Arizona Animal Hospital for a second opinion. Dr. Roberts discussed options and prognosis with Complainant. They discussed that mass was a malignant melanoma and surgery would unlikely be curative and the goal was to attempt to improve the overall quality of life for the dog by debulking the mass and removing the necrotic and proliferative tissue. Complainant understood and elected to schedule surgery.

19. On September 10, 2020, Complainant called Respondent's premises to relay her dissatisfaction with the surgery outcome and that Respondent did not see the growth in the dog's mouth at the time of recheck and the third mass was not removed. Complainant wanted to return the medications.

20. On September 11, 2020, Respondent called Complainant and left a message on her voicemail. He reminded her that the dog had an adverse anesthetic event thus he chose not to remove the third mass or continue with the dental procedure.

21. Later that afternoon, Complainant spoke with hospital staff. She was advised that they could not take back the medications or provide a refund. Complainant yelled profanities at hospital staff therefore the call was disconnected.

22. On September 15, 2020, the dog was presented to Dr. Roberts at Arizona Animal Hospital for debulking of the oral mass. Complainant was advised of the invasiveness of the mass – present on both sides of the mandible – and had spread to the lymphatics. The tissue was sent for histopathology.

23. On September 22, 2020, the dog was presented to Arizona Animal Hospital for a recheck. Complainant was advised that histopathology revealed high grade malignant melanoma. The dog was eating and drinking and no obvious further growth was noted.

24. On October 14, 2020, the dog was presented to Arizona Animal Hospital for a recheck. Upon exam, it was noted that the tumor regrowth was evident along the right caudal mandible and ventral jaw/submandibular area. Oral exam revealed encroachment of the mass to the midline and appeared to be causing a partial obstruction of the oropharynx. A portion of the mass was also apparent sublingually, where previously it was not evident. Complainant was given a poor prognosis due to the rate of regrowth. There were discussions for potential euthanasia versus further debulking of the mass. Complainant elected to have another debulking procedure.

25. On October 15, 2020, the dog was presented to Arizona Animal Hospital for the debulking procedure. During the debulking procedure, crepitation of the right mandible was palpated. Radiographs confirmed a pathologic fracture as a result of the invasive nature of the melanoma. Complainant was advised of the fracture and that further debulking procedures would be effective. Complainant was to monitor the dog for the ability to eat and drink, and quality of life.

#### **COMMITTEE DISCUSSION:**

The Committee discussed that melanomas in the mouth are aggressive and difficult to remove; chances of complete removal is rare. The Committee felt Respondent did remove the mass in the mouth and when the dog began to have difficulties under anesthesia, he elected to not attempt removal of the third tumor.

The Committee was confident that Respondent discussed with Complainant that the mass would recur and the procedure was a debulking.

#### **COMMITTEE'S PROPOSED CONCLUSIONS of LAW:**

The Committee concluded that no violations of the Veterinary Practice Act occurred.

#### **COMMITTEE'S RECOMMENDED DISPOSITION:**

**Motion:** It was moved and seconded the Board:

Dismiss this issue with no violation.

**Vote:** The motion was approved with a vote of 5 to 0.

*The information contained in this report was obtained from the case file, which includes the complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.*

TR

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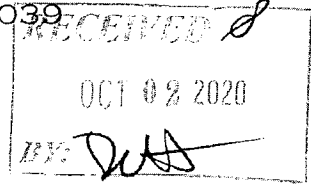
Tracy A. Riendeau, CVT  
Investigative Division

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**COMPLAINT INVESTIGATION FORM**

If there is an issue with more than one veterinarian please file a separate Complaint Investigation Form for each veterinarian

PLEASE PRINT OR TYPE

**FOR OFFICE USE ONLY**

Date Received: OCT. 2, 2020 Case Number: 21-38

**A. THIS COMPLAINT IS FILED AGAINST THE FOLLOWING:**

Name of Veterinarian/CVT: DR. RANDY ARONSON  
Premise Name: PAWS VETERINARY CENTER  
Premise Address: 300 E. RIVER ROAD  
City: TUCSON State: AZ Zip Code: 85704  
Telephone: 520-888-7297

**B. INFORMATION REGARDING THE INDIVIDUAL FILING COMPLAINT\*:**

Name: BARBARA TIPTON  
Address: [REDACTED]  
City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]  
Home Telephone: [REDACTED] Cell Telephone: [REDACTED]

\*STATE LAW REQUIRES WE HAVE TO DISCLOSE YOUR NAME UNLESS WE CAN SHOW THAT DISCLOSURE WILL RESULT IN SUBSTANTIAL HARM TO YOU, SOMEONE ELSE OR THE PUBLIC PER A.R.S. § 41-1010. IF YOU HAVE REASON TO BELIEVE THAT SUBSTANTIAL HARM WILL RESULT IN DISCLOSURE OF YOUR NAME PLEASE PROVIDE COPIES OF RESTRAINING ORDERS OR OTHER DOCUMENTATION.

**C. PATIENT INFORMATION (1):**

Name: [REDACTED]  
Breed/Species: STANDARD POODLE  
Age: 14 1/2 Sex: F Color: GRAY

**PATIENT INFORMATION (2):**

Name: \_\_\_\_\_  
Breed/Species: \_\_\_\_\_  
Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Color: \_\_\_\_\_

**D. VETERINARIANS WHO HAVE PROVIDED CARE TO THIS PET FOR THIS ISSUE:**

Please provide the name, address and phone number for each veterinarian.

- off*
- ① ~~VISTAVITA ANIMAL HOSPITAL - PAINSTURED EAR DRUM~~ *Estimate Dental*
  - ② MIDWESTERN COLLEGE - GLENDALE, AZ
  - ③ AZ DENTAL SPECIALIST
  - ④ VET MED
  - ⑤ PAUL - DR ARONSON - 300 E RIVER - TUCSON, AZ
  - ⑥ ARIZONA ANIMAL DR ROBERTS 31319 N SCOTTSDALE RD  
SCOTTSDALE AZ 480-686-8083

**E. WITNESS INFORMATION:**

Please provide the name, address and phone number of each witness that has direct knowledge regarding this case.

[REDACTED] [REDACTED] [REDACTED]  
[REDACTED] [REDACTED] [REDACTED]

**Attestation of Person Requesting Investigation**

By signing this form, I declare that the information contained herein is true and accurate to the best of my knowledge. Further, I authorize the release of any and all medical records or information necessary to complete the investigation of this case.

Signature: Barbara Iypton

Date: [REDACTED]



**F. ALLEGATIONS and/or CONCERNS:**

Please provide all information that you feel is relevant to the complaint. This portion must be either typewritten or clearly printed in ink.

PHOTO #12 C, [REDACTED] - 8-12-20 - SURGERY TO REMOVE MASS OF RIGHT JAW. PICTURE IS EVENING AFTER SURGERY — MASS NOT REMOVED.

INVOICE # 125108 —

\$2246.37 — PAID FOR MASS REMOVAL. 8-15-20

659.00 INVOICE 124653 — CONSULTATION

448.16 INVOICE — SUPPLEMENTS. C, [REDACTED] 7-28-20  
WAS ALLERGIC.

AZ ANIMAL

PHOTO #3 — JAW LINE AFTER DR ROBERTS  
REMOVED MASS. ONLY 1 MASS.

ENCLOSURE YOU WILL FIND ALL DOCUMENTS  
AT THE 2 WEEK CHECK — DR ARONSON  
TOLD ME MASS RETURNED —

AT THAT POINT I KNEW I HAD BEEN  
DUPED AS THE SWELLING NEVER LEFT

October 20, 2020

Received  
10/20/20  
Respondent's  
response

The narrative for the C. [REDACTED] Tipton case (21-38)

7/14/20. L. [REDACTED] E. [REDACTED] my client service representative, came to ask me about the potential client inquiring about the use of low dose Naltrexone (LDN) for cancer. She told me the woman was calling from Phoenix and had a 14-year-old, Standard Poodle with cancer in her mouth. I responded that we would need to see her and determine the extent of the neoplasia and ensure all was being done for her pet before prescribing LDN.

7/29/20 The Tipton forms were entered into our computer system, and I reviewed them on 7/31/20 prior to seeing C. [REDACTED] Tipton. There had been an appointment at Midwestern University's Animal Health Institute on July 6<sup>th</sup>. The salient facts were a recent history of bloody discharge and facial swelling. The physical exam noted significant dental disease and a 2 cm firm, necrotic mass in the right caudal mandibular area. She had been given a quote of \$2000-4,000 minimum to start and a referral to AZ Dental Specialists for potential hemimandibulectomy and follow-up radiation therapy. Mrs. Tipton elected palliative care. She was also recommended to set-up an appointment for a follow-up end-of-life discussion.

7/31/20 C. [REDACTED] Tipton was checked into PAWS Veterinary Center at 10:25 AM. My assistant C. [REDACTED] A. [REDACTED] entered her normal vital signs. The owner explained that the discharge and foul odor had returned in C. [REDACTED] mouth. C. [REDACTED] was very sweet in her kennel but barked a lot waiting for me to examine her. On physical examination, she had regular aging changes in her eyes, normal organ systems, no dehydration signs, or delayed capillary refill time. C. [REDACTED] dental status was horrible, with severe overall periodontal disease and a mass in the caudal right mandibular area that was ulcerated, bleeding, and

necrotic. We discussed the entire PAWS integrative recommendation sheet, including food, supplements, etc. LDN therapy was reviewed, and I explained that this would not hurt C[REDACTED], but debulking the mass would provide comfort and eliminate the infection for her present quality of life. I further explained that this would not be curative. With the current size of the mass and potential for it being a melanoma, recurrence was likely and metastasis expected. She elected to have thoracic survey radiographs performed to check for metastasis and take Yunan Baiyao, a Chinese herbal product, to decrease the mass's bleeding. Mrs. Tipton declined pre-operative lab work, ECG, and pre-anesthetic blood pressure. A prescription was written for LDN therapy. She was sent home with a treatment plan for mass removal/debulking and dental procedure to ameliorate the severe dental disease. The thoracic radiographs were received two hours later, and there were no signs of thoracic metastasis seen, which was relayed to Mrs. Tipton.

8/1/20. Our CSR call back from Taylor found C[REDACTED] *having a small amount of soft stool and a request for antibiotics before the proposed dental/surgical debulking.*

8/3/20 We received an Rx request for Gabapentin as Mrs. Tipton only had two capsules left. C[REDACTED] lab work at Midwestern had shown slight liver enzyme elevations, so I renewed her Rx at Clark's Pharmacy in Phoenix to help control C[REDACTED]'s pain.

8/12/20. C[REDACTED] presented to PAWS Veterinary Center for her pre-operative work-up; ECG, Blood Pressure and CBC, and Chem 21. The ECG was sent to Idexx cardiology, where the results showed no amplitude, axis, or rhythm abnormalities. The CBC showed slight basophilia with normal white blood cell count. The Chemistries yielded a slight elevation of total protein and globulin commensurate with the tumor burden. ALT and ALP were elevated but similar in values to the lab work performed at Midwestern on 7/6/20. I spoke with Mrs.

Tipton, explained all of the lab work changes, the ECG report, and informed her that we were o.k. to start our surgical protocol. We explained that we had multiple surgical patients, and we would call her when C█████ was awake from her anesthetic procedure. An IV catheter was placed, and pre-anesthetic drugs were delivered. An intravenous fluid administration of lactated ringers was started. C█████ was induced with Alfaxan and Glycopyrrolate. A tracheal tube was placed, and C█████ was connected to Isoflurane and Oxygen. An ECG monitor was set-up; an oxygen probe, doppler blood pressure, and temperature probes were connected. C█████ was placed on a heated surgical table, and a bair hugger was also in use. Mrs. Tipton phoned numerous times and pre-anesthetic, and our surgery schedule was re-iterated.

There were two masses present in the mouth at the ramus of the right mandible. Electrocautery was used to debulk these lesions down to what appeared to be clean oral tissue. Multiple teeth were extracted in the area of the mass. Both oral masses were submitted to AzVDL for histopathology. The site was debrided and flushed. There was an approximately 1.5 cm mass in the right jugular furrow area. C█████ started to show hypotension, which was non-responsive to reducing inhalant agents, an increase in IV fluid therapy, and then boluses of fluids. The patient also began with a bundle branch block about 15 minutes into the surgery. Hypoxia was present, which was non-responsive to positive pressure ventilation and increased oxygen flows. I decided that removing the third mass, full mouth dental radiographs, and completing dental cleaning would have been a poor choice, given the patients' anesthetic status. Her recovery was initiated. C█████ recovery was uneventful. I called Mrs. Tipton to report on her successful debulking. I described her surgery's anesthesia status and the decisions to successfully get her off the surgical table while not being able to complete the dentistry or remove the new cervical area mass.

Mrs. Tipton was given complete post-operative instructions, and I also gave her my personal cell phone number as she was staying in Tucson, and I wanted her to contact me if needed.

8/13/20. During our phone progress check, C[REDACTED] was reported to be eating and drinking well and feeling good. Mrs. Tipton wanted to start and secure the supplements and herbs we use for neoplasia. These will increase the immune surveillance function (turkey tail, Poly-mva, and MRM) increase the apoptosis of cancer cells (bloodroot or neoplascene). A neoplascene release was explained and signed due to it being a plant alkaloid and its potential for stomach irritation. We also sent home instructions on how to start each of these sequentially. Mrs. Tipton had no questions and seemed very pleased.

8/15/20 and 8/19/20, I called Mrs. Tipton and told her the central mass was malignant melanoma, and the second mass was an extension of the melanoma and had no lymphoid tissue present. She told me C[REDACTED] was doing very well. We received a phone call that there was a swelling below the right lower jaw. T[REDACTED] G[REDACTED], our CSR, asked for Mrs. Tipton to send a picture. The mass was identified as the third mass, which had gotten more extensive, and we were previously unable to remove it.

8/26/20 Mrs. Tipton called and said she was having problems with the bloodroot and C[REDACTED] vomiting it. Since an appointment was scheduled for 8/28/20, we recommended stopping the herbal supplement, and we would discuss it in two days.

8/28/20 The patient returned for a two-week post-operative follow-up. Mrs. Tipton said C[REDACTED] was "doing great" except for the stomach upset with the bloodroot. She gave some of the MRM and Turkey Tail but not the full amount at this time. She also was concerned about a "new swelling" bellow her right jaw. On physical examination, the surgery

sites inside the right jaw were healing beautifully, and there were no new growths. The mass on the outside of the right mandible/cervical area had enlarged. Again, we explained that this was the third mass we were unable to remove due to anesthetic concerns during the debulking procedure. I also reiterated that it was more important to get C [REDACTED] off of the surgical table alive than remove the third mass at that time. I also expressed my pleasure in the fact that C [REDACTED] was maintaining her body weight. We gave Mrs. Tipton suggestions on administering the supplements. We recommended a thirty-day recheck to check lab work while C [REDACTED] was taking the supplements.

9/10/20. Mrs. Tipton called PAWS and spoke with CSR T [REDACTED] G [REDACTED]. She expressed displeasure with the surgery outcome and stated that I did not see the growth in her mouth at the time of the recheck and that the third mass was not removed. She had already set up another surgery at AZ Animal Hospital and wanted to return the "medications," which were supplements.

9/11/20 I wanted to speak with Mrs. Tipton, and got her answering machine and so I left her a message. I stated that I was sorry she was unhappy with her experience at PAWS Veterinary Center. I reminded her that, at the time, I was the only veterinarian willing to help C [REDACTED] without pursuing the extensive and expensive work at Midwestern and the dental specialists. I reminded her that her only other option at the time was to just take her home and address quality-of-life issues when she was not doing well. C [REDACTED] was also actively bleeding and had severe necrosis at her initial presentation of the oral masses. I again reiterated the anesthesia issues we had faced and that not removing the small third mass or completing the entire dental procedure was a conscious decision that I made and that it was made in C [REDACTED]'s best interests. I suggested that the third mass could be removed at a separate surgical time.

9/11/20 There were multiple calls from the client and dialog with S [REDACTED]  
S [REDACTED], our practice manager.

9/15/20 After listening to Mrs. Tipton's very vulgar and nasty phone call, I decided that any further communication with her would not be productive.

A handwritten signature in black ink, consisting of stylized initials 'RDA' followed by a long horizontal line.

Randy D. Aronson, VMD, CCRT, CVA